



STATE OF MISSOURI
DEPARTMENT OF INSURANCE
LICENSING SECTION

P.O. BOX 690 OR
P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES
JEFFERSON CITY, MO 65102
TELEPHONE: (573) 751-3518

ORGANIZATIONAL CREDIT BUSINESS ENTITY APPLICATION

Filing of this application does not give authority to act as an organizational credit business entity agency. This authority does not exist until a license has been issued by the Department of Insurance.

This application must be accompanied by a \$100.00 licensing fee, in addition to \$18.00 per listed employee under Part III A. The organizational credit business entity license is renewable annually on the anniversary date of issuance. PERSONAL CHECKS NOT ACCEPTED. FEES ARE NOT REFUNDABLE.

PART I

ORGANIZATIONAL CREDIT BUSINESS ENTITY NAME

LEGAL ADDRESS (REQUIRED) STREET NUMBER AND NAME

COUNTY

CITY

STATE

ZIP

MAILING ADDRESS STREET NUMBER AND NAME, P.O. BOX

TELEPHONE NUMBER

CITY

STATE

ZIP

CHECK ONE

☐ INDIVIDUALLY OWNED ☐ PARTNERSHIP ☐ CORPORATION ☐ LIMITED LIABILITY CORPORATION ☐ OTHER

PART II

A. IF ORGANIZATIONAL CREDIT BUSINESS ENTITY APPLICANT IS A DOMESTIC CORPORATION (INCORPORATED IN MISSOURI) OR LIMITED LIABILITY CORPORATION:

1. Enclose a copy of the Certificate of Good Standing, Certificate of Incorporation or Certificate of Organization:
 - a. dated within the past year
 - b. issued by the Missouri Secretary of State
2. List below the names, titles, social security numbers and addresses of the officers and directors. (Attach an additional sheet if needed.)
3. Enclose registration of D/B/A name from Missouri Secretary of State, if applicable.

B. IF ORGANIZATIONAL CREDIT BUSINESS ENTITY APPLICANT IS A FOREIGN CORPORATION (INCORPORATED IN A STATE OTHER THAN MISSOURI) OR LIMITED LIABILITY CORPORATION:

1. Enclose a copy of the Certificate of Good Standing, Certificate of Incorporation or Certificate of Organization:
 - a. dated within the past year
 - b. issued by the state granting the corporation authority to conduct business as a corporation
 - c. issued by the Missouri Secretary of State if the corporation has an office in Missouri.
2. List below the names, titles, social security numbers and addresses of the officers and directors. (Attach an additional sheet if needed.)
3. Enclose registration of D/B/A name from Missouri Secretary of State, if applicable.

C. IF ORGANIZATIONAL CREDIT BUSINESS ENTITY IS A PARTNERSHIP OR OTHER:

1. Enclose a copy of the Registration of Fictitious Name:
 - a. issued by the Missouri Secretary of State
(The Registration of Fictitious Name is not required when the organizational credit business entity name is the true name (First name, middle initial and surname of an individual.)
2. List below the name, social security number, title and address of each person or corporation having an interest in or owning any part of the organizational credit business entity. (Attach an additional sheet if needed.)

THIS SECTION (BELOW) MUST BE COMPLETED IN RESPONSE TO PART II A.2, B.2, AND C.2

SOC. SEC. #	NAME	TITLE	ADDRESS			
			STREET	CITY	STATE	ZIP CODE

PART III

A. List all persons employed by the organizational credit business entity and to whom the organizational credit business entity pays any salary or commission for the solicitation or negotiation of any contracts of credit life, credit accident and health, credit involuntary unemployment, credit leave of absence, credit property or any other form of credit or credit related insurance approved by the director. Attach additional sheet if needed.

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B. LIST THE ADDRESSES OF BRANCH OFFICES OF THE ORGANIZATIONAL CREDIT BUSINESS ENTITY	
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Within twenty working days after the change of any information submitted on the application, or upon termination of the organizational credit business entity, the organizational credit business entity shall notify the Department of Insurance of the change or termination. There is no charge for this notification.

PART IV

SIGNATURE 		TITLE (TYPE OR PRINT)	DATE
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